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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/619,820
Filing Date	July 14, 2003
First Named Inventor	Liu et al.
Art Unit	1651
Examiner Name	Bradrick, Thomas
Attorney Docket Number	40US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MDS Sciex		
Signature			
Printed name	Kelvan Howard		
Date	09/18/06	Reg. No.	48,999

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Kelvan Howard	Date	09/18/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Amendment Transmittal

MDS Sciex, Inc.
1170 Veteran's Way
S. San Francisco, California 94080
Tel: (650) 635-4386

In re application of: Liu et al.

Application No.: 10/619,820

Filed: July 14, 2003

Group Art Unit: 1651

For: LABEL-FREE METHOD FOR CLASSIFICATION AND CHARACTERIZATION OF CELLULAR EVENTS

THE COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450

Docket No. 28US

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By Kelvan Patrick Howard
Kelvan Patrick Howard, 48,999

Sir:

Transmitted herewith are the following documents in the above-identified application.

- ☒ Transmittal Form
☒ Petition for Extension of Time under 37 CFR 1.136(a);
☒ Reply/Amendment;
☒ Return Postcard.

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA
TOTAL	* 17	MINUS	** 35	=	0
INDEP.	* 2	MINUS	*** 3	=	0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
x \$9.00 =	\$0.00		x \$18.00 =	0
x \$42.00 =	\$0.00		x \$84.00 =	0
+ \$140.00 =	\$0.00		+ \$280.00 =	
TOTAL ADDIT. FEE	\$0.00	OR	TOTAL	0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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[X] Any additional fees associated with this paper or during the pendency of this application.

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MDS SCIEX, INC.

Kelvan Howard, Reg. No. 48,999